

**Fill in this information to identify the case:**Debtor name R.B. Dwyer Co., Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIACase number (if known) 1:23-bk-01420☐ Check if this is an amended filing**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <u>0.00</u>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <u>10,124,513.65</u>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <u>10,124,513.65</u>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <u>2,269,234.00</u>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <u>564,759.00</u>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <u>5,803,045.52</u>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <u>8,637,038.52</u>

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. Citizens Business BankChecking Account ending in 05030503\$17,037.733.2. Citizens Business BankChecking Account ending in 30483048\$4,419.793.3. Citizens Business BankChecking Account ending in 30213021\$0.00**4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$21,457.52****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

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- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 1,307,714.03 - 175,904.42 = .... \$1,131,809.61  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,131,809.61

**Part 4: Investments**

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.  
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale Inventory	12/31/22	\$0.00		\$2,408,329.09

22. **Other inventory or supplies**

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$2,408,329.09

24. **Is any of the property listed in Part 5 perishable?**

- ☒ No  
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☐ No  
☒ Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

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**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software See attached list for detail.	Unknown		\$497,291.80

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$497,291.80**

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☐ No  
☒ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No  
☒ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	Truck	\$5,826.00		
	GMC Pick-up Truck	\$53,144.00		
	International Truck	\$72,483.00		
	MBZ S 500 Used	\$47,065.00		
	2017 Ford F150 Raptor	\$78,636.00	Unknown	\$257,154.00

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

49. **Aircraft and accessories**

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

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See attached list for detail.

Unknown

\$5,808,471.63

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$6,065,625.63

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

☐ No

☒ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

☐ No

☒ Yes

**Part 9: Real property**

**54. Does the debtor own or lease any real property?**

☒ No. Go to Part 10.

☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

**59. Does the debtor have any interests in intangibles or intellectual property?**

☒ No. Go to Part 11.

☐ Yes Fill in the information below.

**Part 11: All other assets**

**70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.

☐ Yes Fill in the information below.

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**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$21,457.52</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$1,131,809.61</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$2,408,329.09</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$497,291.80</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$6,065,625.63</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$10,124,513.65</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$10,124,513.65</u>

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Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims****2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
<b>2.1</b>	<b>Crestmark, Div. of Metabank</b> Creditor's Name <b>5480 Corporate Drive</b> <b>Suite 350</b> <b>Troy, MI 48098</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>All assets set forth in Schedule A/B (1st position)</b>  <b>Describe the lien</b>  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$1,733,839.00</b>  <b>\$0.00</b>
<b>2.2</b>	<b>Oxygen Funding, Inc.</b> Creditor's Name <b>9 Orchard Road</b> <b>Suite 101</b> <b>Lake Forest, CA 92630</b> Creditor's mailing address  Creditor's email address, if known  Date debt was incurred  Last 4 digits of account number  Do multiple creditors have an interest in the same property?	<b>Describe debtor's property that is subject to a lien</b> <b>All assets set forth in Schedule A/B (2nd position)</b>  <b>Describe the lien</b>  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply	<b>\$191,934.00</b>  <b>\$0.00</b>

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☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 Retail Capital, LLC**

Creditor's Name

**1501 W. Fountainhead  
Parkway  
Suite 630  
Tempe, AZ 85282**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**Last 4 digits of account number**

**Do multiple creditors have an  
interest in the same property?**

☒ No

☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

**Describe debtor's property that is subject to a lien**

**Accounts receivable only (3rd position)**

**\$343,461.00**

**\$0.00**

**Describe the lien**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$2,269,234.00**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity



**Fill in this information to identify the case:**Debtor name **R.B. Dwyer Co., Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF PENNSYLVANIA**Case number (if known) **1:23-bk-01420**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>CA Franchise Tax Board P.O. Box 942840 Sacramento, CA 94240-0040</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>2021 Income Tax</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$336,224.00</b> <b>Unknown</b>
2.2	Priority creditor's name and mailing address <b>Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346</b>  Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <b>2021 Income Tax</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$228,535.00</b> <b>Unknown</b>

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims****3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.**Amount of claim**

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3.1	<b>Nonpriority creditor's name and mailing address</b> <b>A B GRAPHIC INTERNATIONAL</b> <b>2755 PINNACLE DRIVE</b> <b>ELGIN, IL 60124</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$133.74</b>
3.2	<b>Nonpriority creditor's name and mailing address</b> <b>ACTEGA NORTH AMERICA, INC.</b> <b>1450 TAYLORS LANE</b> <b>CINNAMINSON, NJ 08077</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,616.64</b>
3.3	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED ROLLER CO.</b> <b>212 LEWIS COURT</b> <b>CORONA, CA 92882</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$425.61</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>ALL PRINTING RESOURCES, INC</b> <b>140 WEST LAKE DR</b> <b>GLENDALE HEIGHTS, IL 60139</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$87.05</b>
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>AMERI-SEAL/FORMOSA PACKAING</b> <b>COMPANY</b> <b>25636 Avenue Stanford</b> <b>VALENCIA, CA 91355</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,045.29</b>
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN EXPRESS #21004</b> <b>PO BOX 0001</b> <b>LOS ANGELES, CA 90096-0001</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$98,464.94</b>
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN EXPRESS #49002</b> <b>PO BOX 0001</b> <b>LOS ANGELES, CA 90096-0001</b>  Date(s) debt was incurred _ Last 4 digits of account number _	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,499.86</b>

Name

3.8	<b>Nonpriority creditor's name and mailing address</b> <b>AMERICAN NON STOP LABEL CORP</b> <b>930 S WANAMAKER AVE</b> <b>ONTARIO, CA 91761</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,674.00</b>
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3.9	<b>Nonpriority creditor's name and mailing address</b> <b>BALL METAL BEVERAGE CONTAINER CORP</b> <b>10 LONGS PEAK DRIVE</b> <b>BROOMFIELD, CO 80021</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$57,539.38</b>
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3.10	<b>Nonpriority creditor's name and mailing address</b> <b>BDP INTERNATIONAL, INC.</b> <b>P.O. BOX 8500-2295</b> <b>PHILADELPHIA, PA 19178-2295</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,265.00</b>
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3.11	<b>Nonpriority creditor's name and mailing address</b> <b>BEARINGS &amp; DRIVES, INC.</b> <b>1581 N. ORANGETHORPE WAY</b> <b>ANAHEIM, CA 92801</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,296.38</b>
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3.12	<b>Nonpriority creditor's name and mailing address</b> <b>BENISON &amp; CO., LTD</b> <b>5F, NO.278 CHUNG HSIAO E. ROAD</b> <b>SEC 4</b> <b>TAIPEI, TAIWAN ROC</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$212,391.79</b>
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3.13	<b>Nonpriority creditor's name and mailing address</b> <b>BEVSOURCE, INC.</b> <b>219 LITTLE CANADA ROAD E., STE 100</b> <b>ST PAUL, MN 55117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,707.40</b>
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3.14	<b>Nonpriority creditor's name and mailing address</b> <b>California Choice Benefit AAM</b> <b>7215 Parker Street</b> <b>Suite 200</b> <b>Orange, CA 92868</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,512.31</b>
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3.15	<b>Nonpriority creditor's name and mailing address</b> <b>CERTIFIED ENTERPRISES INC.</b> <b>555 S ROSE STREET</b> <b>ANAHEIM, CA 92805</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$804.37</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>CHANGE NAME TO PRINT CHECK</b> <b>13405 IMMANUEL RD., BLDG 2</b> <b>PFLUGERVILLE, TX 78660</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,322.40</b>
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>CINTAS</b> <b>PO BOX 29059</b> <b>PHOENIX, AZ 85038-9059</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,794.16</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>CITIBUSINESS CARD #8784</b> <b>PO BOX 6004</b> <b>SIOUX FALLS, SD 57177-6004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,692.28</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>CRYSTAL VISION PKG SYSTEMS</b> <b>23870 HAWTHORNE BLVD</b> <b>TORRANCE, CA 90505</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,336.79</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>CUSTOM SHEET METAL</b> <b>2850 E. GRETTE LN UNIT G</b> <b>ANAHEIM, CA 92806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,350.00</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>CYBERTRUST SOLUTIONS, INC.</b> <b>23 SPECTRUM POINTE DR. SUITE 202</b> <b>LAKE FOREST, CA 92630</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,928.97</b>

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3.22	<b>Nonpriority creditor's name and mailing address</b> <b>DIAZ PALLETS LLC</b> <b>7734 HALL AVE</b> <b>CORONA, CA 92880</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,000.00</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>DYNASTY CAPITAL 26, LLC</b> <b>700 Canal Street, 1st Floor</b> <b>Stamford, CT 06902</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$231,436.00</b>
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>ECHO GLOBAL LOGISTICS INC.</b> <b>600 W CHICAGO AVE., STE. 725</b> <b>CHICAGO, IL 60654</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,948.40</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>EMC MARKETING COMPANY</b> <b>1145 CAMBRIDGE STREET</b> <b>NOVATO, CA 94947</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$38,419.51</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>FEDERAL EXPRESS</b> <b>P.O. BOX 7221</b> <b>PASADENA, CA 91109-7321</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$116.89</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>FEDEX FREIGHT</b> <b>DEPT LA</b> <b>PO BOX 21415</b> <b>PASADENA, CA 91185</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$119,007.69</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>FILEMON MORA MONCADA/MORA</b> <b>LANDSCAPING</b> <b>1262 E. ARIZONA PL</b> <b>ANAHEIM, CA 92805</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,900.00</b>

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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>FIRST CLASS FREIGHT SYSTEMS LT</b> <b>17 MEANDERING TRAIL</b> <b>SCARBOROUGH, ON M1B 6E8</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,825.00</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>FLEXCRAFT INDUSTRIES</b> <b>PO BOX 2098</b> <b>NEWARK, NJ 07114</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,702.06</b>
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>G &amp; D TRANSPORTATION</b> <b>1442 W 16TH STREET</b> <b>LONG BEACH, CA 90813</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,081.14</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>GATES PACKAGING, INC.</b> <b>18304 LAKEPOINT CIRCLE</b> <b>POINT VENTURE, TX 78645</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,769.54</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Graphbury Smart Solutions, LLC</b> <b>1127 Royal Palm Beach Blvd. # 331</b> <b>West Palm Beach, FL 33411</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$670.00</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>H &amp; M FOUNDRY, INC.</b> <b>5615 LEEDS ST.</b> <b>SOUTH GATE, CA 90280</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,192.00</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>H2O BACKFLOW SERVICE</b> <b>120 W. CARRIAGE DRIVE UNIT E</b> <b>SANTA ANA, CA 92707</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$455.00</b>

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3.36	Nonpriority creditor's name and mailing address <b>HD DYNAMIC SOFTWARE SOLUTIONS</b> <b>31878 DEL OBISPO, SUITE 118-480</b> <b>SAN JUAN CAPISTRANO, CA 92675</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$262.50</b>
3.37	Nonpriority creditor's name and mailing address <b>HEWLETT-PACKARD FINANCIAL SERV</b> <b>P.O. BOX 402582</b> <b>Atlanta, GA 30384-2582</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$407,873.59</b>
3.38	Nonpriority creditor's name and mailing address <b>HEWLETT-PACKARD FINANCIAL SERV</b> <b>P.O. BOX 402582</b> <b>Atlanta, GA 30384-2582</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <b>Promissory Notes</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$140,974.59</b>
3.39	Nonpriority creditor's name and mailing address <b>HISHI PLASTICS USA INC</b> <b>600-F Ryerson</b> <b>LINCOLN PARK, NJ 07035</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,159.75</b>
3.40	Nonpriority creditor's name and mailing address <b>HOLLYWOOD DELIVERY SERVICE, IN</b> <b>2828 S. WILLOW AVENUE</b> <b>BLOOMINGTON, CA 92316</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$759.98</b>
3.41	Nonpriority creditor's name and mailing address <b>ILINK BUSINESS MANAGEMENT</b> <b>8590 UTICA AVE., SUITE 100</b> <b>RANCHO CUCAMONGA, CA 91730</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$114,569.30</b>
3.42	Nonpriority creditor's name and mailing address <b>INDIGO AMERICA, INC.</b> <b>PO BOX 415573</b> <b>BOSTON, MA 02241-5573</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$241,222.56</b>

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3.43	<b>Nonpriority creditor's name and mailing address</b> <b>INLAND LABEL AND MARKETING SERVICE, LLC</b> <b>2009 West Avenue South</b> <b>LA CROSSE, WI 54601</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,351.03</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>INLAND PAPER COMPANY</b> <b>P.O. BOX 3940</b> <b>ONTARIO, CA 91761-0987</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,925.20</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>JAMES DWYER</b> <b>409 Goldenrod Avenue</b> <b>Corona Del Mar, CA 92625</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$664,189.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>KAMPS PALLETS</b> <b>100 N. BLACK HORSE PIKE</b> <b>WILLIAMSTOWN, NJ 08094</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,244.95</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>KARLVILLE DEVELOPMENT USA, INC</b> <b>3600 NW 59TH ST</b> <b>MIAMI, FL 33142</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,390.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>KLOCKNER PENTAPLAST RECEIVABLE</b> <b>3585 KLOCKNER ROAD</b> <b>GORDONSVILLE, VA 22942</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$94,241.24</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>MARSH &amp; MCLENNAN AGENCY</b> <b>PO BOX 9496</b> <b>NEW YORK, NY 10087-4496</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,250.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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3.50	<b>Nonpriority creditor's name and mailing address</b> <b>MCFADDEN-DALE HARDWARE CO</b> <b>129 N. MAPLE STREET UNIT C</b> <b>CORONA, CA 92880</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45.90</b>
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>MS INDUSTRIAL</b> <b>2406 CAMINO GALEON</b> <b>SAN CLEMENTE, CA 92673</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$247,951.58</b>
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>NAVISTAR CAPITAL</b> <b>PO BOX 71810</b> <b>CHICAGO, IL 60694-1810</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,740.16</b>
3.53	<b>Nonpriority creditor's name and mailing address</b> <b>NEW SOLID INTERNATIONAL</b> <b>11F-3 NO. 189, CHI HSIEN</b> <b>2nd Road</b> <b>KAOHSIUNG, TAIWAN ROC</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$808,138.28</b>
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>NEWAY PACKAGING CORP.</b> <b>PO BOX 31001-2261</b> <b>PASADENA, CA 91110-2261</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,243.28</b>
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>NUMARK TRANSPORTATION</b> <b>PO BOX 3020</b> <b>SAN LEANDRO, CA 94578</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$692.50</b>
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Paketo Int'l. &amp; Full Star Co., Ltd.</b> <b>16 Jhongy1 2nd St., Rende District</b> <b>Tainan, 71753, Taiwan</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,613,383.00</b>

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3.57	Nonpriority creditor's name and mailing address <b>PINNACLE ROLLER CO 2147 SPRING GROVE AVE CINCINNATI, OH 45214</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,690.00</b>
3.58	Nonpriority creditor's name and mailing address <b>PITNEY BOWES PURCHASE POWER P.O. BOX 371874 PITTSBURGH, PA 15250-7874</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$479.39</b>
3.59	Nonpriority creditor's name and mailing address <b>Principal Life Ins. Co. P.O. Box 10372 Des Moines, IA 50306-0372</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$782.78</b>
3.60	Nonpriority creditor's name and mailing address <b>PRIORITY-1, INC PO BOX 840808 DALLAS, TX 75284-0808</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,700.00</b>
3.61	Nonpriority creditor's name and mailing address <b>PROSPERITY FUNDING, INC. PO BOX 601959 CHARLOTTE, NC 28260</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$128,631.46</b>
3.62	Nonpriority creditor's name and mailing address <b>RAYMOND HANDLING SOLUTIONS, INC 1801 W OLYMPIC BLVD FILE 1700 PASADENA, CA 91199-1700</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,595.82</b>
3.63	Nonpriority creditor's name and mailing address <b>RH Courtright, LLC c/o Kevin M. Walsh, Jr., Esquire 600 Third Avenue Kingston, PA 18704-5815</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u><b>Guaranty of affiliate lease obligation</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151,198.03</b>

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3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Safety-Kleen Systems, Inc.</b> <b>P.O. Box 7170</b> <b>Pasadena, CA 91109-7170</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,148.10</b>
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>SHRED-IT USA</b> <b>PO BOX 101007</b> <b>PASADENA, CA 91189-1007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$269.85</b>
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>SIEGWERK</b> <b>P.O. BOX 759273</b> <b>BALTIMORE, MD 21275-9273</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,658.52</b>
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>SMYTH COMPANIES LLC</b> <b>5417 S. 37TH STREET</b> <b>PHOENIX, AZ 85040</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,480.12</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>SOCOPAC CO</b> <b>3516 SEAGATE WAY, SUITE 150</b> <b>OCEANSIDE, CA 92056</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,356.00</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>STAPLES ADVANTAGE</b> <b>P.O. BOX 660409</b> <b>DEPT LA</b> <b>DALLAS, TX 75266-0409</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$168.27</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>SUNTECK TRANSPORTATION CO, LLC</b> <b>4500 SALISBURY ROAD SUITE 305</b> <b>JACKSONVILLE, FL 32216</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> ____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,850.00</b>

Name

3.71	<b>Nonpriority creditor's name and mailing address</b> <b>SYSPRO IMPACT SOFTWARE INC</b> <b>1775 FLIGHT WAY, SUITE 150</b> <b>TUSTIN, CA 92782</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,000.00</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>TFORCE WORLDWIDE</b> <b>PO BOX 7410328</b> <b>CHICAGO, IL 60674-0328</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,600.00</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>TRACO MANUFACTURING</b> <b>620 SOUTH 1325 WEST</b> <b>OREM, UT 84058</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$191.28</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. Attorney for the Middle Dist.</b> <b>of Pennsylvania</b> <b>235 N. Washington Avenue, Suite 311</b> <b>Scranton, PA 18503</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>FOR NOTICES PURPOSES ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>ULINE</b> <b>PO BOX 88741</b> <b>CHICAGO, IL 60680-1741</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,503.62</b>
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>ULTRAPAK</b> <b>PO BOX 2604</b> <b>BUFFALO, NY 14240-2604</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,391.23</b>
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>UNITED PARCEL SERVICE - 8E9718</b> <b>P.O. BOX 650116</b> <b>DALLAS, TX 75265-0116</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,007.83</b>

3.78 Nonpriority creditor's name and mailing address **USF REDDAWAY, INC.  
77720 SW MOHAWK ST. BLDG H  
P O BOX 1300  
TUALATIN, OR 97062** As of the petition filing date, the claim is: *Check all that apply.* **\$7,462.34**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Date(s) debt was incurred  Basis for the claim:   
 Last 4 digits of account number  Is the claim subject to offset? ☒ No ☐ Yes

3.79 Nonpriority creditor's name and mailing address **VERIZON WIRELESS  
PO BOX 660108  
DALLAS, TX 75266-0108** As of the petition filing date, the claim is: *Check all that apply.* **\$464.73**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Date(s) debt was incurred  Basis for the claim:   
 Last 4 digits of account number  Is the claim subject to offset? ☒ No ☐ Yes

3.80 Nonpriority creditor's name and mailing address **VETAPHONE A/S  
FABRIKSVEJ 11  
DK-6000  
KOLDING, DENMARK** As of the petition filing date, the claim is: *Check all that apply.* **\$1,681.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Date(s) debt was incurred  Basis for the claim:   
 Last 4 digits of account number  Is the claim subject to offset? ☒ No ☐ Yes

3.81 Nonpriority creditor's name and mailing address **WELLS FARGO VENDOR FIN SERV  
PO BOX 030310  
LOS ANGELES, CA 90030-0310** As of the petition filing date, the claim is: *Check all that apply.* **\$6,383.84**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Date(s) debt was incurred  Basis for the claim:   
 Last 4 digits of account number  Is the claim subject to offset? ☒ No ☐ Yes

3.82 Nonpriority creditor's name and mailing address **WESTERN EXTERMINATOR CO  
311 N. CRESCENT WAY  
ANAHEIM, CA 92801-6709** As of the petition filing date, the claim is: *Check all that apply.* **\$3,508.20**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Date(s) debt was incurred  Basis for the claim:   
 Last 4 digits of account number  Is the claim subject to offset? ☒ No ☐ Yes

3.83 Nonpriority creditor's name and mailing address **XPO LOGISTICS FREIGHT INC  
29559 NETWORK PLACE  
CHICAGO, IL 60673-1559** As of the petition filing date, the claim is: *Check all that apply.* **\$9,823.13**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Date(s) debt was incurred  Basis for the claim:   
 Last 4 digits of account number  Is the claim subject to offset? ☒ No ☐ Yes

3.84 Nonpriority creditor's name and mailing address **Zing Zang, LLC  
Brent Albertson, President  
400 Michigan Ave., Suite 1300  
Chicago, IL 60611** As of the petition filing date, the claim is: *Check all that apply.* **\$100,000.00**  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
 Date(s) debt was incurred  Basis for the claim:   
 Last 4 digits of account number  Is the claim subject to offset? ☒ No ☐ Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **R.B. Dwyer Co., Inc.**  
Name

Case number (if known) **1:23-bk-01420**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Craig Dashiell, Esquire Lowenstein Sandler LLP 390 Lytton Avenue Palo Alto, CA 94301</b>	Line <b>3.84</b>  <input type="checkbox"/> Not listed. Explain _____	—

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>564,759.00</b>
5b. +	\$ <b>5,803,045.52</b>
5c.	\$ <b>6,367,804.52</b>

**Fill in this information to identify the case:**

Debtor name R.B. Dwyer Co., Inc.

United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIA

Case number (if known) 1:23-bk-01420

☐ Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property*

**2. List all contracts and unexpired leases**

**State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**

2.1. State what the contract or lease is for and the nature of the debtor's interest **Vehicle Lease**

State the term remaining

List the contract number of any government contract

**BMO Harris Bank, N.A.  
300 E. John Carpenter Freeway  
Irving, TX 75062-2712**

2.2. State what the contract or lease is for and the nature of the debtor's interest **Separation Agreement**

State the term remaining

List the contract number of any government contract

**David Conley**

**Additional Page if You Have More Contracts or Leases**

**2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.3. State what the contract or lease is for and the nature of the debtor's interest

**Master Equipment Lease and Financing Agreements - Master Agreement Number 2709417374**

**Schedule Number 2709417374000003  
Schedule Number 2709417374000004  
Schedule Number 2709417374000005  
Schedule Number 2709417374000006  
Schedule Number 2709417374000007  
Schedule Number 2709417374000008  
Schedule Number 2709417374000009**

State the term remaining

List the contract number of any government contract

**HEWLETT-PACKARD FINANCIAL SERV  
P.O. BOX 402582  
Atlanta, GA 30384-2582**

2.4. State what the contract or lease is for and the nature of the debtor's interest

**Commercial Lease**

State the term remaining

**10/31/23**

List the contract number of any government contract

**MS Parners (MS Industrial)  
80-634 Hermitage  
La Quinta, CA 92253**



**Fill in this information to identify the case:**Debtor name R.B. Dwyer Co., Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF PENNSYLVANIACase number (if known) 1:23-bk-01420☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **James B. Dwyer****Crestmark, Div. of Metabank**☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.2 **James B. Dwyer****Oxygen Funding, Inc.**☒ D 2.2  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.3 **James B. Dwyer****Retail Capital, LLC**☒ D 2.3  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.4 **James B. Dwyer****HEWLETT-PACKARD  
FINANCIAL SERV**☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G 2.32.5 **James B. Dwyer****MS Partners (MS Industrial)**☐ D \_\_\_\_\_  
☐ E/F \_\_\_\_\_  
☒ G 2.4

Debtor R.B. Dwyer Co., Inc.

Case number *(if known)* 1:23-bk-01420

<b>Additional Page to List More Codebtors</b>	
<b>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</b>	
<i>Column 1: Codebtor</i>	<i>Column 2: Creditor</i>